

3738

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Clifton A. Alferness, John M. Adams, Mark L. Mathis, and David G. Reuter

Serial No. 10/011,867

Filing Date: December 5, 2001

Title: ANCHOR AND PULL MITRAL VALVE DEVICE AND METHOD

Examiner/Unit: Urmi Chattopadhyay / 3738

Attorney Docket No.: 1931-7-3

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JUN 18 2003

TECHNOLOGY CENTER R3700

TRANSMITTAL LETTER

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited in the United States Postal Service as First Class mail in an envelope addressed to: MS NON-FEE AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 11th day of June, 2003.

Kelly Pedersen
Signature

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is:

☐ A response/amendment in the above-identified application.

☐ The fee has been calculated as shown below:

☒ No additional claim fee is required.

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Computation of Fee
For Claims as Amended

| | Claims Remaining After Amendment | | Highest Number Previously Paid for | | Present Extra | Rate | Addl. Fee |
|--|---|-------|---|---|------------------|-------------|--------------|
| Total Claims | 43 | Minus | 43 | = | 0 x | \$18/\$9 = | \$-0- |
| Independent Claims | 5 | Minus | 5 | = | 0 x | \$84/\$42 = | \$-0- |
| Total additional fee for this amendment | | | | | | | \$-0- |

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously paid for" is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" is less than 3, write "3" in this space.

_____ Check No. _____ in the amount of \$_____ for the additional claim fee is enclosed.

XX AN Information Disclosure Statement w/references (4) is enclosed.

_____ Charge \$_____ to Deposit Account No. _____. A copy of this sheet is enclosed.

XX Please charge any additional fees or credit overpayment to Deposit Account No. 07-1897.

Respectfully submitted,

GRAYBEAL JACKSON HALEY LLP

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